Psychotherapy Overview & Classification

Degree Course (Three Years)

Psychology Honours

B. A. Part– I Honours Paper II : PSYCHOPATHOLOGY

Unit 9

By

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INTRODUCTION:

Psychotherapy is a general term referring to therapeutic interaction or treatment contracted between a trained professional and a client, patient, family, couple, or group. The problems addressed are psychological in nature and can vary in terms of their causes, influences, triggers, and potential resolutions. Accurate assessment of these and other variables depends on the practitioner's capability and can change or evolve as the practitioner acquires experience, knowledge, and insight.

Psychotherapy includes interactive processes between a person or group and a qualified mental health professional (psychiatrist, psychologist, clinical social worker, licensed counselor, or other trained practitioner). Its purpose is the exploration of thoughts, feelings

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and behavior for the purpose of problem solving or achieving higher levels of functioning.[1] Psychotherapy aims to increase the individual's sense of his/her own well-being. Psychotherapists employ a range of techniques based on experiential relationship building, dialogue, communication and behavior change that are designed to improve the mental health of a client or patient, or to improve group relationships (such as in a family).

Psychotherapy may also be performed by practitioners with different qualifications, including psychiatry, clinical psychology, counseling psychology, clinical or psychiatric social work, mental health counseling, marriage and family therapy, rehabilitation counseling, school counseling, hypnotherapy, play therapy, music therapy, art therapy, drama therapy, dance/movement therapy, occupational therapy, psychiatric nursing, psychoanalysis and those from other psychotherapies. It may be legally regulated, voluntarily regulated or unregulated, depending on the jurisdiction. Requirements of these professions vary, and often require graduate school and supervised clinical experience. Psychotherapy in Europe is increasingly seen as an independent profession, rather than restricted to psychologists and psychiatrists as stipulated in some countries.

DEFINITION

Comprehensive working definition: **(Wolberg, 1977).**

"Psychotherapy is the treatment, by psychological means, of problems of an emotional nature in which a trained person deliberately establishes a professional relationship with the patient with the objective of

i) Removing, modifying, or retarding existing symptoms,

ii) Mediating disturbed patterns of behavior, and

iii) Promoting positive personality growth and development"

"Psychotherapy is a form of treatment based on the systematic use of a relationship between therapist and patient – as opposed to pharmacological or social methods – to produce changes in cognition, feelings and behaviour". **Jeremy Holms, (1991)**

HISTORICAL BACKGROUND:

Earlier forms of psychotherapy likely came from philosophy rather than medicine (Kurtz'1999).

Ancient Greek: **psyche** (meaning breath spirit or soul) , ***therapeia*** or ***therapeuein***, - to nurse or cure.

Psychotherapy has its roots in Europe stretching back as far as the nineteenth century. For many years, approximately from the end of the nineteenth century to about the 1960's the dominant influence in psychotherapy was psychoanalysis and its derivatives. Freud, the father of the psychoanalysis, guided its development until his death in 1939 and generally resisted attempts by others to offer significant modifications in psychoanalytic theory and procedures. However, a number of his earlier (and later) followers, such as Adler, Jung, Horney, and Sullivan, offered significant modifications of the Freudian scheme. Although certain features of traditional psychoanalytic theory and therapy, such as the importance of repressed conflicts, unconscious motivation, and early life experiences, tended to be retained in these variations, significant differences in emphases and procedures also occurred.

Besides the development of these offshoots of Freudian psychoanalysis, the other important new schools or approaches to psychotherapy made their mark over the years. One new approach that differed in important respects from the prevailing analytically oriented therapies was the client-centered approach developed by Carl Rogers. Rogers was critical of the 'expert" role played by the more traditional therapists with their emphasis on interpretations of clients' underlying conflicts. Instead Rogers emphasized. Instead, Rogers emphasized the client's potential for growth and the ability of the therapist to be empathically sensitive to the feelings of the client.

Another more radical development was the gradual growth of behaviour therapy. Although learning theory-based approaches had been introduced relatively early, they had only a modest impact on practice until the publication Joseph Wolpe's book, *Psychotherapy by Reciprocal Inhibition* in 1958. Although Wolpe was a psychiatrist, behaviour therapy was more directly linked to the field of Psychology than were other forms of psychodynamic psychotherapy, and psychologists have played an important role in its development.

The primary contribution of behavior therapy was obvious emphasis on behaviour and performance as well as a more directive role for the therapist. Furthermore, both Rogers and the behaviour therapists placed a greater emphasis on the importance of evaluating the results of their therapy than was true of the practitioners of other orientations. Another difference between these two orientations and the more traditional forms of psychoanalysis and

psychoanalytically oriented psychotherapy was the relative brevity of the former. Although there were controversies concerning the different goals and types of outcomes secured by means of the different therapeutic approaches, the fact was that the client-centered and behaviour therapies lasted for a period of weeks or months whereas the psychoanalytically oriented therapies required a few years for completion.

- Self-suggestion' was used in nineteenth century psychotherapist Emil Coué (1857–1926)
- First psychoanalytic reference to child case- Sigmund Freud 1909
- Hermine Hug-Hellmuth first to use play therapy.
- Melanie Klien ,Anna Freud during 1920.
- Emergence of behavior therapy 1950

- John watson, Joseph wolph used classic conditioning to explain origin of psychological disorders.
- Edward Throndike, Skinner pioneered principles of operant conditioning.
- Bandura's work on social learning theory-cognitive therapy

DIFFERENT SCHOOLS OF PSYCHOTHERAPY - BASIC PRINCIPLES - APPROACHE

- **PSYCHOANALYSIS AND PSYCHODYNAMIC PSYCHOTHERAPY (Freud)**

– determinism

– establishes relationship between past and present life events

– acknowledges unconcious forces at work affecting behaviour

– encourage expression of pent-up emotions

– helps long-term emotional problems,coping with anxiety

- **BEHAVIORISM (SKINNER)**

– mechanistic human behaviour is learned

– reinforcement schedule and programming

– practical aims and objectives

– discuss behaviour rather than reasons

– envisages programme of small changes

- deal with long-term behaviour problems
- helps in behavioural problems in children

- **EXISTENTIAL SCHOOL AND EXISTENTIAL THERAPY (**Viktor Frankl, Rollo May, and Irvin Yalom**)- View of human nature**-
  - Freedom and Responsibility
  - The Capacity for Self-Awareness
  - Striving for Identity and Relationship to Others
  - The Search for Meaning
  - Anxiety as a Condition of Living
  - Awareness of Death and Nonbeing

- **HUMANISTIC SCHOOL AND INTEGRATIVE SCHOOL -** client-centered **(Carl Rogers)**

- The individual is seen as a whole person living out their present level of integration through their body, feelings, mind & psyche.
- People have responsibility for their lives and for the choices they make.
- Humanistic and Integrative psychotherapy is based on a phenomenological view of reality. Its emphasis is on experience.
- The nature of the person is seen as dynamic.

- **COGNITIVE SCHOOL AND THERAPY (Aron Beck)**
- believes what we think about ourselves affects the way we feel about ourselves
- changing way of thinking, modify our feelings
- challenging and confronting client's belief system
- logical and rational approach to problem-solving
- encouraging to devlop realistic outlook on life

NEWER CONCEPTS

TRANSACTIONAL-ANALYSIS APPROACH (Eric Berne)

- analysis suggest that we relate to other people from three distinct "ego states"
- the parent/the adult/the child
- most appropriate method of relating is through the adult, considering as mature, equal beings
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GESTALT THERAPY APPROACH (Fritz Perls, Laura Perls and Paul Goodman)

- gestalt "wholeness" or "completeness".
- emphasises interplay between psychological or mental state and the state of the body.
- totality of personal experience.
- thinking, feeling and sensing, physically in the here and now situation.
- interventions to enable the client to explore various aspects of what is happening to them.
- observations of small non-verbal behaviours.

ECLECTIC APPROACH

- clients : cultural background, personal experience, belief systems, needs, wants and wishes, social persuasions.
- therapists : belief and value systems, level of self–awareness, mood, present life situation, work load, time available.
- wide range of possibilities, incorporating approaches that suit the person – flexibile and varied.

MINDFULNESS (zen Buddhism)

- Mindfulness skills can be broken down into three categories:
- • *Defusion*: distancing oneself from and letting go of unhelpful thoughts, beliefs and memories.
- • *Acceptance*: accepting thoughts and feelings without judgment, simply allowing them to come and go rather than trying to push them out of awareness or make sense of them.
- • *Contact in the present moment*: engaging fully in the here-and-now with an attitude of openness and curiosity

DIALECTICAL APPROACH

- Developed to treat borderline personality disorder
- The treatment itself is based largely in behaviorist theory with cognitive therapy elements
- Incorporates "mindfulness" (from Zen) as central component

– Therapists specially trained

– Patient has individual and group sessions

– Focus on self-destructive behaviors especially suicidality

– Skills learned: core mindfulness, emotion regulation, interpersonal effectiveness and distress tolerance

CLASSIFICATION

A) Menninger and Bomberg 1959

1. Principle of suppression – Behavioral
2. Principle of expression – Psychodynamic

B) Harper classified Freudian and Post Freud

1. Emotional oriented
2. Cognitive Oriented

C) Karashu on the basis of Themes

1. Dynamic psychotherapy
2. Behavioral
3. Experimental

D) Based on Objectives, Woolberg (1967)

1. Supportive

Objectives:

- Strengthening of existing defenses
- Elaboration of new and better mechanism of maintaining control
- Restoration of an adaptive equilibrium

Approaches:

- Guidance
- Environmental manipulation
- Externalization of interests
- Reassurance

- Persuasion
- Emotional catharsis
- Suggestion
- Inspirational group therapy

2. **Re-educative**

Objective:

- Deliberate efforts at readjustment
- Goal modification and the living up to existing creative potentialities with or without insight into conscious conflicts

Approaches:

- Behaviour therapy
- Cognitive therapy
- Client-centred therapy
- Therapeutic counselling
- Mindfulness
- Dialectic behaviour therapy
- Reeducative Group therapy
- Family therapy
- Psychodrama

3. **Re-constructive:**

Objectives:

- Insight into unconscious conflicts with efforts to achieve extensive alterations of character structure
- Expansion of personality growth with development of new adaptive potentialities

Approaches:

- Psychoanalysis
- Psychoanalytic therapies

- Analytic group therapy

Common techniques in current use:

1. **Psycho-educational approach**

    - Patient
    - Family member

2. Behavioural techniques

- Relaxation
- Graded task assignment
- Activity scheduling
- Exposure techniques:
    - Exposure and response prevention
    - Graded exposure
    - Cue exposure and response prevention
    - Flooding
- Systematic desensitization
- Habituation
- Thought stopping
- Social Skill training
- Assertive training
- Aversion

3.Cognitive-behaviour therapy

Cognitive techniques:

- **Techniques to challenge automatic thoughts**
    - Understanding idiosyncratic meaning

- Guided association/guided discovery
- Examining the evidence
- Reattribution
- Challenging absolutes
- Direct disputation
- Considering the odds
- Turning adversity to advantage
- Externalization of voices

- **Techniques to eliminate cognitive distortions**

- Labeling of distortions
- Decatastrophizing
- Challenging dichotomous thinking

- **Techniques to change underlying assumptions**
  - Writing an alternative assumption
- **Techniques for mental imagery**
  - Replacement imagery
  - Cognitive rehearsal
  - Desensitization and flooding imagery
  - Coping imagery

PSYCHOTHERAPY IN INDIAN CONTEXT

- Quest of man: to explore the internal & external world; answers to existential questions- "Where did I come from & where will I go?"
- Significant contribution by Indian civilization to exploration of inner world
- Other psychotherapies e.g. the CBTs formulate suffering resulting from distorted mental representations of the world, others & self (cognitive distortions)
- Indian world view differs from Western: comprises of 'dharma', 'karma', spirituality realization of potentials and the Ultimate aim in life.
- Inherent correspondence, relatedness & interdependence in contrast to individualism & personal autonomy

- Neki (1977): Hindu patients have different characteristics in personality development-submission to authority, readiness to accept overt situational support & reluctant to seek intra psychic explanation
- Harbor philosophical & religious beliefs in rebirth, karma theory, transmigration of soul, too much expectations from doctors, sense of guilt & shame & lack of decision making ability
- **Spirituality is the cardinal feature** of Indian culture which is neglected by western therapies as having a role in human development & behavior
- Thus, it becomes essential to utilize Indian philosophical beliefs to develop appropriate therapeutic paradigms to work with Indian patients.

TYPES OF INDIAN PSYCHOTHERAPIES

***(I) Atharva veda* & Psychotherapy**: dwells upon the ways of knowing individual psyche; deals with personality improvement & mental health.

- The psychotherapeutic systems:

1. *Samkalp* or self determination: **building will power**; positive suggestions repeated; similar to auto suggestion; associations with lions & elephant warriors to acquire energy & confidence

- **Directive therapy by suggestion (*Sadesh*):**

Therapist plays the **role of a guide or teacher**; symbolism, personification, similarity & contrast are used; re-educates & corrects thinking, feeling for sexual problems, increase energy in a weak person

- **Ritualistic Therapy:** Especially for the uneducated & children; **rituals performed** with suitable manthras; symbolization, dramatization & demonstration
- **Psychological defensive belief (Brahma Kavach):** applied for **creating self confidence** & sense of control on the environment; helps to mobilise mental energy for the same by hymns & spiritual texts

2. **Cognitive change as therapeutic method (*Ashvasan):*** Therapist is dominant, directive; change the behavior patterns & ideas that are unhealthy;

Through encouragement, instilling hope & confidence modification of behavior on positive lines is made; methods used are persuasion & reeducation.

3. ***Prayaschittani:*** Doing penance voluntarily with the aim of **sublimating & purifying oneself**; self mortification by doing penance or ***tapas*** to overcome guilt; aims to improve

super-ego & ego functions; to establish equilibrium of ***satvic***, ***rajasic*** & ***tamasic*** qualities of a person

(II) Counseling in ***Bhagvad Gita:***

- Treatise to guide, resolve conflict, get clarification, assurance (based on Karma Yoga) & enlightening the individual to achieve adequate ego strength.
- Form of **crisis intervention**; instant therapy
- Techniques of clarification, assurance, faith, enlightenment, surrender from spiritual perspective.
- ***Arjuna*** complex: -goes **through crisis** in view of ground realities & typical stress reactions; dealt with by Krishna by clarification, assurance & emphasizing the importance of duties & responsibilities; may be used effectively in suitable cases
- ***Hanuman*** complex:- used to bring out the **inner potentials** that are dormant, e.g. in cases of inferiority complex, lack of social skills; also with depressives
- For e.g. the student is simply asked to find out who is he? Body (*Annamaya)* Sensation (*Pranayama),* thought (*Manomaya),* Consciousness (*Vynanamaya)* or something unexplainable (*Anandmaya)?*
- When the student understands that he is none of these, he understands the real nature of 'Self'.

(IV) Ayurvedic psychotherapy (Medico religious therapy):

- Philosophical principles were joined together with biological & psychological principles & systematized as science of life.
- Causes of mental illness: (i) endogeneous *(nija)*

(ii) Exogeneous *(Aguntaja)* and (iii) Psychological (*manas)*

Broad ranged therapy suggested; Charaka classifies them into 3 categories:-

- **Faith healing**: incantation (*mantara*); herbs (*aushadi*), wearing precious gems *(mani)* etc.
- **Rational therapy** (*Yukti Vyapasraya*): consists of 5 karmas- i) cleaning nasal passage (*nasya)* ii) Vomitting (*Vaman);* iii) Purgation (*Virichan)* iv) Enema (*nirodha*) & v) Nutrition; single drugs and faith healing also suggested
- ***Sattvavajaya*** (psychotherapy): drugless measures for restraining the mind from impulses & unwholesome objects;

  Applied aspects of *Sattvavajya* are summarized under 8 headings:-

A- assurance; B- replacement of emotions; C- regulation of thought processes; D- reframing of ideas; E- Channeling of presumptions; F- Correction of objectives & ideals; G- proper guidance & advice for taking right decisions & H- proper control of patience

(V) **Ritualistic or action oriented psychotherapy**:

- Vedic rites & rituals systematized for personal & social hygiene in Post vedic religious text called *"Dharmashastras"*
- Therapeutic value depends upon & encourages:-

(a) **Righteous action (*dharma*)**

(b) **Conscious satisfaction of material pleasure *(Artha)***

(c) Conscious & righteous satisfaction of **biological instincts *(karma)***

(d) Achievement of Summum bonum ***(Moksha*)**

- Prescribes a mode of conduct of life that can prevent psychological disturbances
- Tools for therapy: **adoration to gods** through repeating their names (*japa* or bibliotherapy) & various sacrificial rituals were developed.

(V) Yogic or Meditational therapy:- 'yoga' is the unison of physical, mental, moral and spiritual health

- *Patanjali*, exponent of yoga gave **eight-fold** scheme for meditational therapy:

(i) ***Yama-Niyama*** (behavioral control):- moderation in every activity with a living faith in God; rigorous disciplines such as truthfulness, sexual absence, self study etc.

(ii) ***Asana* technique** (posture): technique to train the spinal cord for desired interaction; acquisition of continuous , steady & agreeable posture.

(iii) ***Pranayama*** technique (deep breathing): breathing mechanism is brought under control by surplus oxygen filled in the lungs; blood stream is decarbonised and recharged with oxygen inhaled.

(iv) (iv) ***Pratyahara*** Technique: senses are withdrawn from their respective objects

(v) (v) ***Dharana, Dhyana &Samadhi*** (Concentration, meditation & transcendence): final state; three stages or processes-

NEUROBIOLOGY OF PSYCHOTHERAPY

- Until the last decade, the biological mechanisms of psychotherapeutic actions were thought not to be amenable to neurobiological investigation.

- With the advent of neuroimaging techniques the ability to probe the biological consequences of psychotherapeutic interventions has begun to come within reach,

Neuroimaging:

- Ability to document psychotherapy's effectiveness,
- To follow its course, and
- To refine its appropriate applications for selected patients and disorders.
- **Eric Kandel: future lies in the biological perspective of psychotherapies.**

  Principle 1 - All mental processes, even the most complex, derive from operations of the brain

  Principle 2 - Genes and their products are important determinants of patterns of interconnection between neurons in the brain

  Principle 3 - Genes themselves do not explain all the variance of a given mental illness; learning and experience produce alteration in gene expression

  Principle 4 - Changes in gene expression induced by learning effect patterns of neuronal connections

  Principle 5 - Insofar as psychotherapy produces long-term changes in behaviour, it does so through learning, producing changes in gene expression, altering the strength of synaptic connections and bringing about structural changes in the brain. As the resolution of brain imaging increases it should permit quantitative evaluation of the outcome of psychotherapy

Freud's concept:

- the Freudian 'unconscious' or the unconscious part of the ego is akin to procedural memory.
- *moments of meaning*—moments in the interaction between patient and therapist—The marker of therapeutic progress in psychoanalysis.
- "the principle of psychic determinism" seems to have biological basis.
- Role of Neural Plasticity: childhood early learning creates plastic change in the brain and seems to determine patterns of adult behavior
- Evidence: link between childhood sexual abuse and borderline personality disorder

Evidence for Shared Final Common Pathway between Psychotherapy and pharmacology

- PET studies of OCD: Treatment with either fluoxetine or exposure psychotherapy reversed the metabolic abnormality associated with the disorder.
- PET studies of psychotherapy on depression. psychotherapy reversed pretreatment decrease in the basal activity of the dorsolateral prefrontal cortex, similar to the effects of SSRI pharmacotherapy.
- Thus, psychotherapy is similar to pharmacotherapy in normalizing functional abnormalities in brain circuits that give rise to symptoms.

The most convincing outcome predictions come from neuroimaging studies of depression.

- FDG-PET study of the psychotherapy treatment of unipolar depression:

Activity in the rostral anterior cingulate cortex (ACC) uniquely differentiated treatment responders from nonresponders

- Responders were hypermetabolic prior to treatment with respect to comparison subjects, while
- Nonresponders were hypometabolic.
- The predictive value has also been confirmed by subsequent studies

EFFICACY OF PSYCHOTHERAPY

Although critics and skeptics have claimed that psychotherapy is no more effective than placebo treatment, the weight of scientific evidence argues against this position. Current research affirms that psychotherapy is an effective treatment for many psychiatric disorders.

2Meta-analyses have been conducted of the efficacy of psychotherapies in depressive illness and other neurotic disorders. Such studies have consistently shown that the effect size for psychotherapy is around 1 standard deviation unit. This means that the average psychotherapy patient does better than do 85% of control subjects, but those undergoing placebo treatment are still 60% better off than no-treatment controls.

Put another way, 70% of psychotherapy patients improve significantly, while 30% do not; 30% of controls improve spontaneously, while 70% remain the same. Placebo treatments do produce change (with effect sizes of around 0.5), supporting the view thatnon-specific factors as well as specific techniques are important in psychotherapy.

Empathy, genuineness and warmth have been identified as desirable qualities of effective therapists regardless of whatever techniques are employed. It has been demonstrated that

there is greater effectiveness if psychotherapy is delivered by trained therapists who pay attention to issues of engagement of patients than if rendered under ordinary clinical settings.

Research has shown that patients are more satisfied with therapists who are perceived as showing care and concern. It has been suggested that patients who seek therapy are demoralized and that therapy is successful to the extent it leads to 'remoralization', i.e. renewed motivation on the part of the patient to adopt new measures to overcome their own problems. In other words, the effectiveness of psychotherapy is also determined by patient factors such as motivation to change and by the extent that the therapist and patient are able to collaborate towards a common goal.

EVIDENCE-BASED PSYCHOTHERAPIES

Although there are many named psychotherapies, most are derivations of a few basic types. Psychotherapies within each of these categories broadly share a similar explanatory model and set of techniques. However, therapies are frequently modified (and may be renamed) when applied to new conditions or populations. Clinical trials have found each of the following psychotherapies, when administered under structured protocols by trained therapists, to be effective for specific psychiatric disorders.

- Cognitive and behavioral psychotherapies
- Psychodynamic psychotherapy
- Interpersonal psychotherapy
- Motivational interviewing

Disorders	**Psychotherapy Used**
Schizophrenia	**Cognitive Remediation Therapy** **Psychoeducational Family Therapy** **Social Skills Training**

Depression	**Cognitive Behavior Therapy** **Interpersonal Therapy**
Bipolar Disorder	**Psychoeducational approach** **Interpersonal Social Rhythm Therapy (IPSRT)**
OCD	**Cognitive Behavior Therapy (e.g., exposure and response prevention)**
Anxiety disorders	**Cognitive Behavior therapy** **Relaxation Therapy** **Exposure-based therapies**
Dissociative Disorders	**Hypnosis** **Psychodynamic Psychotherapy** **Behavior Therapy**
Substance Use Disorders	**Cognitive Behavior Therapy for Relapse Prevention** **Family Therapy**
Personality Disorders	**Cognitive Behavior Therapy** **Family Therapy**
Childhood behavioral Problems	**Parent Management Training** **Behavioral Therapy** **Family Therapy**

CONCLUSION

- Despite dramatic advances in psychopharmacology over the last few decades psychotherapy has continued to play a crucial role in the treatment of mental illness.
- Over couple of decades, beneficial role of psychotherapeutic techniques, either alone or in combination with psychopharmacology, is increasingly being recognized as a result of solid empirical evidence coming out from recent studies.
- Stirring developments are also going on to unravel the brain mechanisms mediating therapeutic benefits in psychotherapy.
- Future is promising: To unravel the mystery of brain mediators of symptom generation and resolution.